

10/03/2006 18:36 FAX

OCT 03 2006

003/003

PTO/SB/A3 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/720,583
	Filing Date	June 25, 1999
	First Named Inventor	Pieter H. POWELS
	Art Unit	1652
	Examiner Name	M. Walicka
	Attorney Docket Number	251502009000

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS			
1.	<input type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.	
2.	<input checked="" type="checkbox"/>	Change the correspondence address and direct all future correspondence to:	
	<input type="checkbox"/>	The address associated with Customer Number: 	
OR			
<input checked="" type="checkbox"/>	Firm or Individual Name	Mr. Bryan H. Davidson Nixon & Vanderhye P.C.	
Address	11 th Floor 901 North Glebe Road		
City	Arlington	State	VA
Country	U.S.A.		
Telephone	(703) 816-4026	Email	bhd@nixonvan.com
Signature	<i>Thomas E. Clotti</i>		
Name	Thomas E. Clotti	Registration No.	
Date	October 3, 2006	Telephone No.	(650) 813-5702
<small>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>			

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: October 3, 2006	Signature: <i>[Signature]</i> (Lindsay Seydel)

pa-1100374

RECEIVED
CENTRAL FAX CENTER

10/03/2006 18:35 FAX

OCT 03 2006

001/003

MORRISON | FOERSTER

755 PAGE MIL. ROAD
PALO ALTO
CALIFORNIA 94304-1018

TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTH HAVEN, VIRGINIA,
ORANGE COUNTY, SACRAMENTO
WALNUT CREEK, CANTON CITY
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

FROM: THOMAS E. CIOTTI

DATE: OCTOBER 3, 2006

Number of pages with cover page:	3	Originals Will Not Follow
-------------------------------------	---	---------------------------

Preparer of this slip has confirmed that facsimile number given is correct: **LDS4/11641**

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

Atty Docket No: 25150-20090.00
Application Serial No.: 09/720,858-583
Filed: June 25, 2001
Patent No: 6,830,901
Issued: December 14, 2004
Inventors: Pieter H. POUWELS *et al.*
Art Unit: 1652
Examiner: M. Walicka
Title: PROPIONIBACTERIUM VECTOR

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

PA-1100372

OCT 03 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	Patent#: 6,830,901	
	Filing Date	Issued: December 14, 2004	
	First Named Inventor	Pieter H. POUWELS	
	Art Unit	1652	
	Examiner Name	M. Walicka	
Total Number of Pages in This Submission	2	Attorney Docket Number	251502009000

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks: _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP	
Signature	<i>Thomas E. Ciotti</i>	
Printed name	Thomas E. Ciotti	
Date	October 3, 2006	Reg. No. 21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: October 3, 2006	Signature: <i>Lindsay Seydel</i> (Lindsay Seydel)

pa-1100376